



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

August 29, 2013

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **ADVANCE COPY: LA HEALTH REPORT, "HOSPITAL PRACTICES: CAN THEY IMPACT BREASTFEEDING?"**

Enclosed is the latest issue of LA Health, focused on breastfeeding and related hospital practices. The brief discusses the health and societal benefits of breastfeeding, data on breastfeeding from the 2011 Los Angeles County Health Survey, hospital practices related to breastfeeding, and recommendations at all levels to promote breastfeeding. The report was created by the Department of Public Health's Office of Health Assessment & Epidemiology with input from the Maternal, Child and Adolescent Health Program, Breastfeed LA, and First 5 LA. The report will be released this week and will be made available on our web site at <http://publichealth.lacounty.gov/ha>.

We hope you will find the publication useful and informative. If you have any questions, please contact Amy Lightstone, M.P.H., M.A., Interim Chief of the Health Assessment Unit within the Office of Health Assessment & Epidemiology, at (213) 989-7066.

JEF:sjk

Enclosure

c: Loreto Maldonado
Sharon Reichman
Cynthia Harding
Steven Teutsch, M.D., M.P.H.
Public Health Program Directors

LA Health



HOSPITAL PRACTICES: CAN THEY IMPACT BREASTFEEDING?

Introduction

Breast milk provides the best nourishment to ensure a newborn's health and immunity.¹ Breastfed infants have a lower risk of developing certain infectious and noninfectious diseases such as diarrhea, ear infections, and leukemia. They also have a lower risk of developing some chronic conditions including diabetes, asthma, and childhood obesity.²

Breastfeeding also benefits mothers. Mothers experience a decreased risk of developing Type 2 diabetes and breast and ovarian cancers.² Additionally, breastfeeding promotes intimate bonding between mothers and infants resulting in psychosocial benefits for both.³

There are also economic benefits associated with breastfeeding. Breastfeeding reduces direct costs (e.g., purchases of formula and medical expenditures associated with conditions that can be prevented by breastfeeding) and indirect costs (e.g., wages parents lose while caring for an ill child), as well as the cost of premature death.^{4,5} In LA County, if 90% of mothers were to breastfeed exclusively for six months, the result would be a savings of \$408 million per year.⁶

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the World Health Organization (WHO) all recommend exclusive breastfeeding

for the first six months after birth and continued breastfeeding, with the introduction of appropriate foods, for at least 1 year.¹

Recognizing the importance of breastfeeding, Healthy People 2020 (HP 2020)⁷ set the following targets.

Any breastfeeding	HP 2020 Target
Initiation	81.9%
At least 6 months	60.6%
At least 1 year	34.1%
Exclusive breastfeeding	
At least 3 months	46.2%
At least 6 months	25.5%

Since the majority of women in the United States deliver their babies in hospitals, hospital policies and practices are important in supporting a mother's decision to breastfeed. In 1991, WHO and the United Nations Children's Fund (UNICEF) launched the Baby-Friendly Hospital Initiative (BFHI), a global effort to implement practices that protect, promote, and support breastfeeding. The initiative includes "Ten Steps to Successful Breastfeeding" (see Box, page 2), which have shown success in increasing breastfeeding rates across all populations.^{8,9}

1. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf.

2. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007.

3. Bai YK, Middlestadt SE, Joanne Peng CY, Fly AD. Psychosocial factors underlying the mother's decision to continue exclusive breastfeeding for 6 months: an elicitation study. *J Hum Nutr Diet* 2009;22:134-140.

4. Ball TM, Bennett DM. The economic impact of breastfeeding. *Pediatric Clinics of North America*. 2001;48:253-262.

5. Weimer J. *The economic benefits of breastfeeding: a review and analysis*. ERS Food Assistance and Nutrition Research Report No. 13. Washington, DC: U.S. Department of Agriculture, Economic Research Service; 2001.

6. Figures extrapolated from Bartick M, Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. *Pediatrics*. 2010;125(5): e1048-e1056. Extrapolating formula based on population data of 130,000 births in Los Angeles County annually (LA County Department of Public Health) and 4,140,000 births in U.S. annually (US Census).

7. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at www.healthypeople.gov/2020/. Accessed on July 29, 2013.

8. Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: Results from a population-based study. *Birth* 2007;34:202-211.

9. DiGirolamo AM, Manninen DL, Cohen JH, et al. Breastfeeding-related maternity practices at hospitals and birth centers—United States, 2007. *MMWR*. 2008;57:621-625.



Baby-Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

1. Have a written policy that is communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants.
6. Practice exclusive breastfeeding. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in" – allowing mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding. Allow infant to feed at the earliest sign of hunger.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

Breastfeeding-Related Hospital Practices

The 2011 Los Angeles County Health Survey (LACHS) included four questions that are part of the Ten Steps to Successful Breastfeeding. Biological mothers of children ages 0-5 years were asked: 1) Did you breastfeed or feed breast milk in the first hour after birth? 2) Was your child fed only breast milk at the hospital? 3) Did your child stay in the same room with you in the hospital (i.e., rooming-in)? and 4) Did the hospital give you a telephone number to call for help with breastfeeding?

- Only 55.4% of children ages 0-5 years were breastfed in the first hour after birth, 40.9% were fed only breast milk while at the hospital, 81.1% stayed in the same room with their mother, and 80.3% of their mothers were given a telephone number to call for help with breastfeeding (Table 1).
- Being breastfed in the first hour was highest among children with white mothers (60.3%), followed by Asian/Pacific Islander (57.7%), Latina (56.1%), and African American mothers (34.9%*).
- Being fed only breast milk at the hospital was less common among children whose mothers have less than high school or a high school education (32.1% and 27.7%,

respectively) compared to mothers with some college or trade school (47.0%) and mothers with a college or post graduate degree (50.5%).

- There was an inverse trend between mother's age at child's birth and rooming-in: 94.6% of children whose mothers were 13-19 years of age at the child's birth reported rooming-in, followed by 81.3% with mothers 20-29 years, and 79.6% with mothers 30 years or older.
- Mothers with lower incomes had lower percentages of receiving a telephone number from the hospital to call for help with breastfeeding: 71.5% of mothers living below the federal poverty level (FPL) reported receiving a phone number, compared to >90% of mothers at or above 200% FPL.
- Overall, 23.0% of children's mothers reported experiencing all 4 hospital practices, with the highest percentage among children with white mothers (31.5%), followed by Asian/Pacific Islander and Latina mothers (22.9%* and 21.5%, respectively), and African American mothers (11.1%*).
- As mother's education level and household income increases, so does her report of experiencing all 4 hospital practices.

* The estimate is statistically unstable (relative standard error $\geq 23\%$).

1 Hospital Practices at Birth for Children 0-5 Years, Reported by Biological Mothers, LACHS 2011

TABLE

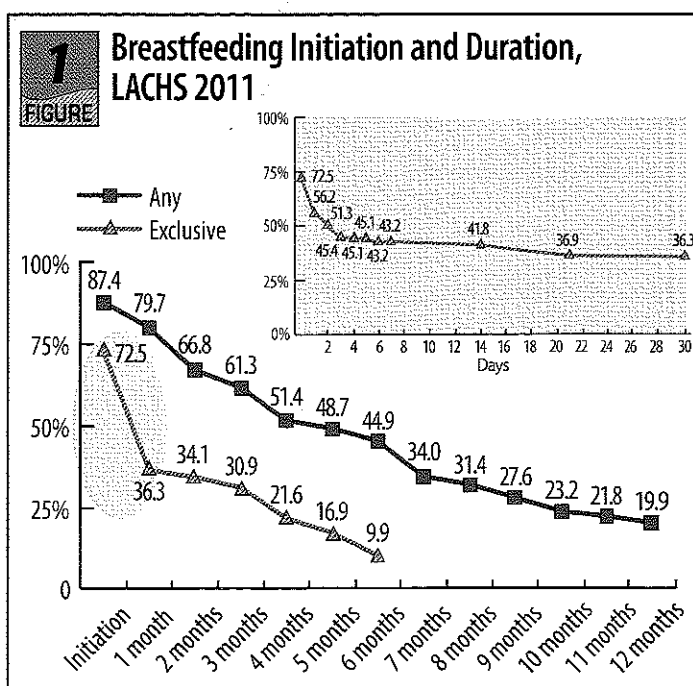
	Breastfeed in 1st Hour		Only Fed Breast Milk		Rooming-In		Given Phone # for Help		All 4 Practices	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
LA County	55.4%	50.1 - 60.7	40.9%	35.7 - 46.1	81.1%	76.9 - 85.3	80.3%	75.8 - 84.7	23.0%	18.8 - 27.3
Mother's Age at Child's Birth										
13-19	*59.1%	31.7 - 86.4	*25.7%	2.8 - 48.6	94.6%	88.0 - 100.0	64.7%	35.8 - 93.6	*20.6%	0.0 - 42.9
20-29	57.0%	48.2 - 65.8	41.8%	32.8 - 50.7	81.3%	74.2 - 88.3	78.5%	70.7 - 86.2	22.6%	15.1 - 30.1
30 and over	54.0%	47.3 - 60.7	41.6%	35.3 - 48.0	79.6%	74.1 - 85.1	83.2%	78.7 - 87.8	23.7%	18.6 - 28.8
Mother's Race/Ethnicity										
Latina	56.1%	49.2 - 63.0	39.6%	32.7 - 46.5	80.6%	74.9 - 86.3	81.6%	76.4 - 86.8	21.5%	15.9 - 27.1
White	60.3%	49.2 - 71.4	52.9%	42.0 - 63.8	81.2%	73.3 - 89.1	82.0%	72.6 - 91.4	31.5%	21.5 - 41.5
African American	*34.9%	17.1 - 52.6	*21.8%	7.7 - 35.9	74.1%	56.9 - 91.4	66.0%	45.4 - 86.7	*11.1%	4.3 - 17.9
Asian/Pacific Islander	57.7%	43.2 - 72.2	35.2%	22.2 - 48.2	91.0%	84.9 - 97.2	77.7%	57.8 - 97.6	*22.9%	12.5 - 33.2
Mother's Education										
Less than High School	58.6%	47.7 - 69.5	32.1%	21.7 - 42.4	82.3%	74.0 - 90.5	73.0%	63.0 - 83.1	*16.5%	8.7 - 24.4
High School	45.2%	32.7 - 57.7	27.7%	17.0 - 38.3	86.6%	79.9 - 93.3	70.8%	58.2 - 83.3	*17.8%	8.1 - 27.6
Some College or Trade School	58.6%	47.1 - 70.1	47.0%	35.6 - 58.5	75.3%	64.7 - 85.9	85.3%	77.5 - 93.1	23.3%	14.5 - 32.2
College or Post-Graduate Degree	56.1%	47.4 - 64.8	50.5%	42.0 - 58.9	81.5%	74.7 - 88.4	88.2%	82.9 - 93.6	30.9%	23.0 - 38.7
Federal Poverty Level^{\$}										
0-99% FPL	57.6%	48.6 - 66.6	30.0%	21.8 - 38.1	81.2%	74.5 - 87.9	71.5%	62.7 - 80.2	15.0%	9.3 - 20.7
100-199% FPL	55.0%	43.9 - 66.1	45.0%	33.4 - 56.6	83.6%	75.8 - 91.3	78.2%	68.5 - 87.8	24.8%	14.4 - 35.2
200-299% FPL	55.5%	38.6 - 72.3	52.8%	36.6 - 69.0	65.7%	47.9 - 83.5	92.5%	87.1 - 97.8	*29.3%	14.4 - 44.2
300% or above FPL	52.7%	44.0 - 61.5	47.0%	38.7 - 55.2	84.5%	78.2 - 90.8	89.9%	86.2 - 93.6	29.9%	22.6 - 37.1

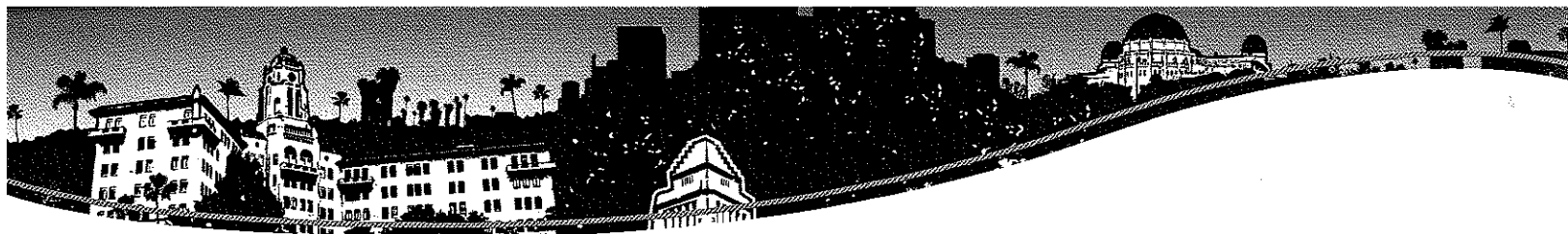
^{\$} Based on U.S. Census 2009 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$21,756 (100% FPL), \$43,512 (200% FPL), and \$65,268 (300% FPL). [These thresholds were the values at the time of survey interviewing.]

* The estimate is statistically unstable (relative standard error $\geq 23\%$).

Breastfeeding in LA County

- Overall, 87.4% of children ages 0-5 years were ever breastfed (i.e., initiation) (Figure 1).
- At six months the breastfeeding rate dropped to 44.9%, and at one year dropped to just 19.9%.
- While 72.5% of children ages 0-2 years were exclusively breastfed on the day of birth, this rate dropped drastically to only 45.4% by the third day (Figure 1).
- Exclusive breastfeeding rates dropped to 30.9% at 3 months and to just 9.9% at 6 months.





Hospital Practices & Breastfeeding

When looking at each hospital practice in relation to any breastfeeding or exclusive breastfeeding, we found the following (Table 2):

- Children who were breastfed in the first hour after birth had much higher initiation and duration rates for both any breastfeeding and exclusive breastfeeding than children who were not breastfed in the first hour.
- Similarly, children who were fed only breast milk at the hospital had significantly higher rates of initiation and duration for both any breastfeeding and exclusive breastfeeding than did children who were not fed only breast milk at the hospital.
- Rates of any breastfeeding at 6 and 12 months as well as exclusive breastfeeding rates and duration were slightly higher for children rooming-in compared to those not rooming-in.
- Children whose mothers reported receiving a telephone number from the hospital to call for help with breastfeeding had slightly higher rates of initiation and any breastfeeding at six months, as well as slightly higher rates and duration of exclusive breastfeeding than those children whose mothers reported they did not receive a phone number.

TABLE 2	Any or Exclusive Breastfeeding Initiation and Duration by Hospital Practices, LACHS 2011 ^β											
	Any Breastfeeding						Exclusive Breastfeeding					
	Initiation		Six Months		Twelve Months		1st day		1 Week		1 Month	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
Breastfed in 1st Hour												
Yes	100.0%	100.0 - 100.0	53.6%	46.3 - 60.8	24.2%	18.2 - 30.2	89.5%	79.6 - 99.4	61.6%	48.5 - 74.8	48.8%	35.9 - 61.8
No	71.3%	64.1 - 78.5	34.2%	26.1 - 42.3	14.6%	8.3 - 20.9	55.0%	40.6 - 69.4	*24.5%	12.5 - 36.5	*23.3%	11.3 - 35.4
Fed only Breast Milk												
Yes	100.0%	100.0 - 100.0	63.4%	55.3 - 71.6	30.9%	22.9 - 38.9	99.2%	98.0 - 100.0	89.8%	81.1 - 98.6	73.7%	60.0 - 87.4
No	78.6%	73.1 - 84.1	32.6%	26.0 - 39.1	12.5%	8.0 - 17.0	55.2%	42.1 - 68.4	*13.1%	4.5 - 21.7	*11.7%	3.0 - 20.3
Rooming-in												
Yes	86.7%	82.7 - 90.8	46.4%	40.5 - 52.4	20.5%	15.7 - 25.3	75.1%	65.1 - 85.0	46.8%	36.2 - 57.4	38.7%	28.7 - 48.8
No	90.0%	85.4 - 94.6	38.3%	25.8 - 50.8	*16.7%	7.9 - 25.5	60.8%	38.1 - 83.4	*26.8%	9.2 - 44.4	*25.1%	7.5 - 42.7
Given Phone # for Help												
Yes	89.2%	85.5 - 92.8	46.3%	40.2 - 52.3	18.7%	14.0 - 23.4	74.0%	63.9 - 84.0	46.0%	35.5 - 56.5	41.4%	31.1 - 51.7
No	80.9%	71.0 - 90.8	37.7%	25.0 - 50.4	*19.9%	10.5 - 29.3	64.2%	40.5 - 88.0	*35.4%	13.6 - 57.3	*18.2%	5.2 - 31.1

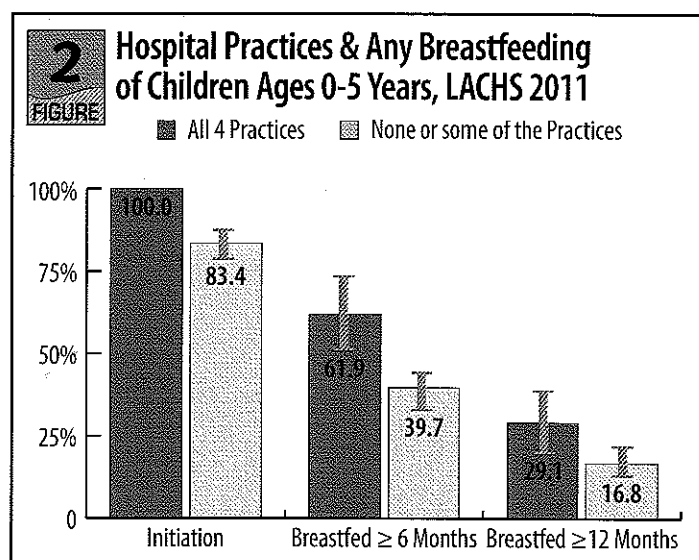
^β Any breastfeeding reported by biological mothers of children ages 0-5 years; Exclusive breastfeeding reported by biological mothers of children ages 0-2 years.

* The estimate is statistically unstable (relative standard error $\geq 23\%$).

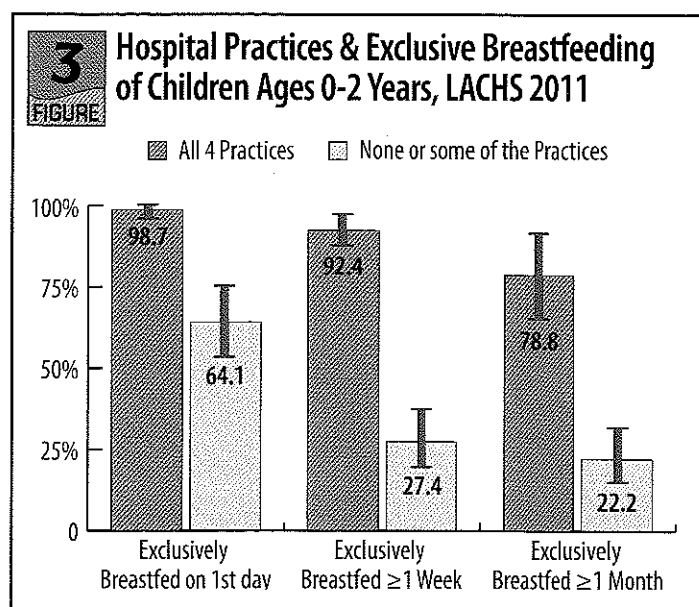
Technical Notes

1. Due to difficulty recalling when formula or food were introduced to an infant by mothers of children ages 3-5 years, exclusive breastfeeding was analyzed only for children 0-2 years old.
2. Because the rate of exclusive breastfeeding declined so drastically by one month, data are not presented for longer durations by hospital practices as they are not stable.

- Children whose mothers reported experiencing all four hospital practices had significantly higher rates of initiation and any breastfeeding at 6 and 12 months compared with children whose mothers experienced only some or none of the hospital practices (Figure 2).



- Children whose mothers reported experiencing all four hospital practices had significantly higher rates and duration of exclusive breastfeeding compared with children whose mothers experienced only some or none of the hospital practices (Figure 3).



Recommended Actions¹

Mothers and Families:

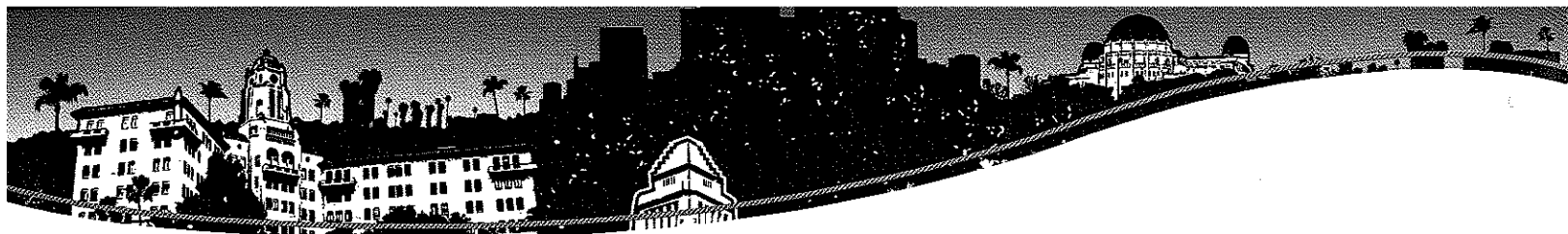
- Encourage mothers to attend prenatal classes to learn about breastfeeding.
- Enable mothers to be comfortable in discussing her desire and intention to breastfeed with her clinician, family, friends and other women through mother-to-mother support groups.
- Give mothers the support they need to breastfeed their babies.
- Take advantage of programs to educate family members including fathers, partners, and grandmothers about breastfeeding.

Cities and Communities:

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based support groups (e.g., La Leche League and WIC) to promote and support breastfeeding.
- Partner with the health care community to support mothers once home from the hospital to continue breastfeeding. New mothers need access to trained individuals with established relationships in the health care community who are flexible enough to meet mothers' needs outside of traditional work hours and locations, and provide consistent information.

Health Care Community:

- Encourage women to discuss their desire and plans to breastfeed with their clinicians during prenatal care and again when she is in the hospital or birth center. This will enable clinicians to give the type of information and assistance necessary for mothers to be successful.
- Hospitals should take advantage of opportunities to support mothers who want to breastfeed during prepartum visits and postpartum care, as well as in hospital discharge planning.



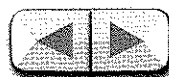
- Include basic support and education for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
- More hospitals can incorporate the recommendations of UNICEF/WHO's Baby-Friendly Hospital Initiative (www.babyfriendlyusa.org).
- Ensure access to International Board Certified Lactation Consultants who, as health care professionals, are an expert source of assistance for breastfeeding mothers.
- Participate in the Los Angeles County Department of Public Health's Regional Hospital Breastfeeding Consortium (www.breastfeedla.org/healthcare/regional-hospital-breastfeeding-consortium).

Employers:

- Develop and implement a worksite lactation accommodation policy in compliance with state and Federal law.
- Work toward establishing paid maternity leave for employed mothers.

Policymakers:

- Support community-based organizations that promote breastfeeding, especially in vulnerable communities.
- Support compliance with the International Code of Marketing of Breast Milk Substitutes, a global health policy framework for breastfeeding promotion adopted by the WHO in 1981. Developed as a public health strategy, the code recommends restrictions on the marketing of breast milk substitutes, such as infant formula, to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely, if needed.



on the web

Baby-Friendly USA, Inc. (BFUSA) is the accrediting body and the national authority for the Baby-Friendly Hospital Initiative in the United States, and is responsible for coordinating and conducting all of the activities necessary to confer the Baby-Friendly designation.
www.babyfriendlyusa.org

Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity, and Obesity (DNPAO) is committed to increasing breastfeeding rates throughout the United States and to promoting and supporting optimal breastfeeding practices toward the ultimate goal of improving the public's health.
www.cdc.gov/breastfeeding

The mission of **First 5 LA** is to increase the number of Los Angeles County children ages 0 to 5 who are physically and emotionally healthy, ready to learn, and safe from harm.
www.first5la.org/Baby-Friendly-Hospitals

The mission of **Maternal, Child, & Adolescent Health**, in LA County's Department of Public Health, is to maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County. www.publichealth.lacounty.gov/mch

Breastfeed LA is dedicated to improving the health and wellbeing of infants and families through education, outreach, and advocacy to promote and support breastfeeding.
www.breastfeedla.org

The California Women, Infants and Children (WIC) program serves pregnant, breastfeeding, and postpartum women, infants and children up to 5 years old in low income families.
www.cdph.ca.gov/programs/wicworks

The mission of **La Leche League International** is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.
www.llli.org



What LA County Has Been Doing to Advance the Baby-Friendly Hospital Initiative

- Currently, there are 57 maternity hospitals in LA County.
- In 2005, Glendale Memorial Hospital became the first hospital to be designated Baby-Friendly in LA County.
- In 2008, First 5 LA's Baby-Friendly Hospital Initiative invested \$10.5 million to fund hospitals in LA County to become Baby-Friendly. Currently, 16 hospitals have received grants and 5 more will begin soon.^a
- The LA County Board of Supervisors' 2009 Breastfeeding Initiative requiring all three County-run hospitals to become Baby-Friendly came to fruition in 2012. The Board then adopted a motion in 2012 to encourage all hospitals in LA County to achieve Baby-Friendly designation and all employers to adopt lactation accommodation policies.
- Currently, 13 hospitals in LA County have received Baby-Friendly designation,^b accounting for approximately 18% of births in the County.^c
- In April 2010, to further support breastfeeding and encourage Baby Friendly Hospital designations, the LA County Department of Public Health (LAC-DPH) launched the Public Health Breastfeeding Policy Initiative which included establishing the Regional Hospital Breastfeeding Consortia where maternity care staff meet to share lessons learned and address specific challenges to implementing breastfeeding policies.
- Beginning in 2010, LAC-DPH, with funding from the CDC, has partnered with BreastfeedLA to provide technical assistance to hospitals and their affiliated prenatal clinics to help them achieve the Baby-Friendly hospital designation.
- In 2012, California Senate Bill 502 passed requiring all maternity hospitals to have an infant feeding policy in line with the 10 Steps to Successful Breastfeeding. Currently, SB 402, which would require all hospitals to have Baby-Friendly designation by 2025, was passed by the Senate and is awaiting Assembly vote.

To maintain their Baby-Friendly designation, hospitals must be re-designated every five years. The re-designation includes a visit from Baby-Friendly USA to perform a quantitative and qualitative assessment including interviews with administration, medical staff, and patients as well as an examination of policies and procedures related to the Ten Steps of Successful Breastfeeding. The report is then reviewed by an External Review Board to determine whether to be re-designated Baby-Friendly.

a. Beverly Hospital, California Medical Center, East LA Doctors Hospital, Garfield Medical Center, Greater El Monte Community Hospital, Hollywood Presbyterian Medical Center, Memorial Hospital of Gardena, Monterey Park Hospital, Pacific Alliance Medical Center, Pomona Valley Hospital, Providence Little Company of Mary, San Gabriel Medical Center, St. Francis Medical Center, St. Mary Medical Center, Valley Presbyterian Hospital, White Memorial Medical Center, Centinela Hospital, Citrus Valley, Good Samaritan, Northridge Hospital MC, Providence St. Joseph.

b. Baby Friendly Hospitals in LA County by year of designation:
2005 - Glendale Memorial Hospital
2007 - Providence Holy Cross Medical Center

2010 - Kaiser Permanente: Downey & Los Angeles
2011 - Henry Mayo Newhall Memorial Hospital; Kaiser Permanente: Baldwin Park, Panorama City, & Woodland Hills; Olive View-UCLA Medical Center
2012 - Harbor-UCLA Medical Center, LAC+USC Medical Center, Kaiser Permanente: South Bay & West Los Angeles.

c. California Department of Public Health, Genetic Disease Screening and Maternal, Child and Adolescent Health Programs, Newborn Screening Data 2010-2012. www.cdph.ca.gov/data/statistics/Documents/MO-MCAH-HospitalTotalsReport2012.pdf



Los Angeles County
Department of Public Health
313 N Figueroa Street Room 127
Los Angeles, CA 90012
213.240.7785

Presorted
Standard
U.S. Postage
PAID
Orange, CA
Permit No. 193

L. A. County Board of Supervisors

Gloria Molina, First District
Mark Ridley-Thomas, Second District
Zev Yaroslavsky, Third District
Don Knabe, Fourth District
Michael D. Antonovich, Fifth District

NACCHO

National Association of County & City Health Officials

2012 Model Practice Award
Los Angeles County Health Survey

In this issue:

HOSPITAL PRACTICES: CAN THEY IMPACT BREASTFEEDING?

Suggested Citation: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Hospital Practices: Can They Impact Breastfeeding?, August 2013

For additional information about the LA County Health Survey, visit: www.publichealth.lacounty.gov/ha

L. A. County Department of Public Health

Jonathan E. Fielding, MD, MPH
Director and Health Officer
Cynthia A. Harding, MPH
Chief Deputy Director
Steven Teutsch, MD, MPH
Chief Science Officer

Office of Health Assessment and Epidemiology

Margaret Shih, MD, PhD, Director
Susie Baldwin, MD, MPH, Chief, Health Assessment Unit
Amy S. Lightstone, MPH, MA, Interim Chief, Health Assessment Unit
Health Assessment Unit Staff:
Yan Cui, MD, PhD; Gigi Mathew, DrPH; Jerome Blake, MPH;
Yajun Du, MS

Maternal, Child and Adolescent Health

Suzanne Bostwick
Interim Director
Robert Gilchick, MD, MPH
Director, Child & Adolescent Health Program & Policy
Helen O'Connor, MSPH, MA
Breastfeeding Policy Analyst

Breastfeed LA

Karen Peters, MBA, RD, IBCLC
Executive Director

First 5 LA

Melinda Leidy, PhD
Research Analyst
Heather Breen
Research Assistant
Holly Campbell, MPP
Research Analyst



Mixed Sources
Product group from well-managed
forests and other controlled sources
www.fsc.org Cert no. S-COC-004990
© 1996 Forest Stewardship Council

Printed by a Forest Stewardship Council certified printer on paper
certified by the Forest Stewardship Council to consist of 50% total
recycled content, of which 25% is Post Consumer recycled.

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the County. The 2011 survey collected information on a random sample of 8,036 adults and 6,013 children. The survey was conducted for the Los Angeles County Department of Public Health by Abt SRBI Inc., and was supported by grants from First 5 LA, the Los Angeles County Department of Mental Health, and Department of Public Health programs including the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program, Substance Abuse Prevention and Control, and Environmental Health.